

P09000029552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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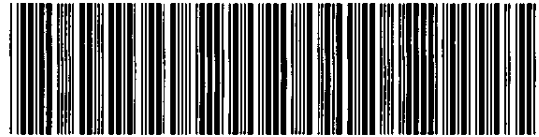
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 17 PM 12:28

Roberts JUN 20 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2009

PETER GRIFFITH
6564 RIDGEWOOD DR
NAPLES, FL 34108

SUBJECT: HISTORIC MOTORSPORT MANAGEMENT, INC.
Ref. Number: P09000029552

We have received your document for HISTORIC - MOTORSPORT MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 609A00023534

RECEIVED
2009 JUL 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HISTORIC MOTORSPORT MANAGEMENT INC.
Name of Corporation

DOCUMENT NUMBER: P 09000029552

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER GRIFFITH

Name of Contact Person

~~XXXXXXXXXX~~

Firm/Company

6564 RIDGEWOOD DRIVE

Address

NAPLES FLORIDA 34108

City/State and Zip Code

GRIFFITH.PETER@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER GRIFFITH

Name of Contact Person

at (239) 596-0514

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HISTORIC MOTORSPORT MANAGEMENT, INC.
2. The principal office address: 6564 RIDGEWOOD DRIVE
NAPLES FLORIDA 34108
3. The mailing address (if different): _____

4. Date of incorporation/qualification: APRIL 1, 2009 Document number: P 09 0000 29552

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

~~THE COMPANY CORPORATION~~
CORPORATION SERVICES COMPANY
1201 STAYP STREET TALLAHASSEE FL.
32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PETER GRIFITH
6564 RIDGEWOOD DRIVE
NAPLES FLORIDA

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Peter Griffith
Signature of an officer or director

PRESIDENT

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Peter Griffith
Signature of Registered Agent

1 July 2009
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***